Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INNOVATIVE MEDIA PRODUCTIONS LLC

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ALLAHASSEE. FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

JUL 2 8 2010

EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE MEDIA PRODUC	TIONS LLC		
(Name of the Limited	I Liability Company as it is A Florida Limited Liability (now appears on our records. Company)	
The Articles of Organization for this Limited Liability Company were filed on 09/08/2008			and assigned
Florida document number L08000085205			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability con	npany here:	,
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liabi	ility Company," the designation	on "LLC" or the abbredation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		27 FAR
Enter new mailing address, if applicable:			OF STATE OR PORATE
(Mailing address MAY BE A POST OFFICE BOX)		69 . OTT	
B. If amending the registered agent and registered agent and/or the new registered o		iress on our records, ent	er the name of the new
Name of New Registered Agent:	KRIS ZEISLER	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: 2424 N FEDERAL HWY STE 316		VY STE 316	
	(Enter Florida street address)		
·	BOCA RATON	, Florida	33431
	(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ALAN S RYND	3647 N W 5TH TERRACE BOCA RATON FL 33431	Add Pi7 Remove
•	· · · · · · · · · · · · · · · · · · ·		Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other informa	ntion, enter change(s) here: (Attach additional sheets, if ne	ecessary.)
- - -			SECRETARY OF STATE DIVISION OF CORPORATION 10 JUL 27 AM 7:52
Dated JUL	Y 16	2010	RY OF STATE RY OF
	•	Edit FR Typed or printed name of signee	X

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